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APPLICANTS

BRADLEY S. RICHTER, BELMONT, CA;
 RAFI HOLTZMAN, SAN MATEO, CA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/06/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature _____ Initials _____	CA	20	20	2

ADDRESS

31408
 LAW OFFICE OF JAMES TROSINO
 92 NATOMA STREET, SUITE 211
 SAN FRANCISCO , CA
 94105

TITLE

ADMINISTRATIVE PRINT SERVER LINK FOR OUTPUT PERIPHERAL DEVICE

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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